

UTAH DEPARTMENT OF HEALTH
Division of Epidemiology and Laboratory Services
Bureau of Communicable Disease Control, Tuberculosis Control/Refugee Health
Box 142105
Salt Lake City, Utah 84114-2105
538-6096 (FAX) 538-9913

Health Department or District/ Public Health Nurse

Address/Phone

City and State

REQUEST FOR X-RAY INTERPRETATION

Name _____ Age _____ Sex _____ Race _____

Address _____ City _____ County _____ State _____

☐ Contact of case

☐ Migrant

Date of Tuberculin Test _____ Converter ☐ YES ☐ NO

PPD Tuberculin Test: Results _____ mm.

Date film taken _____

Hospital/Facility film taken _____

Medical History _____

INTERPRETATION: ☐ Entirely Negative Date Read _____

☐ Negative Except for:

☐ Calcified Parenchymal Nodules

☐ Calcified Hilar Lymph Nodes

☐ Calcified Parenchymal Nodules & Lymph Nodes

☐ Abnormal _____

_____ M. D.

Radiologist

phone

Distribution:

White - Pulmonary Disease Program

Yellow - Local Health Department

8/2001
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